

COMBINED DECLARATION AND POWER OF ATTORNEY*ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL*

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: Original

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CIRCUIT AND METHOD FOR ACCURATELY APPLYING A VOLTAGE TO
A NODE OF AN INTEGRATED CIRCUIT****SPECIFICATION IDENTIFICATION**

the specification of which:

■ is attached hereto.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. § 1.56(a).

PRIORITY CLAIM

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

Application No.	Date of Filing dd/mm/yyyy	Priority Claimed Under 35 USC 119(e)
United States 60/410,270	13/09/2002	Yes

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name(s) and registration number(s))*

Eugene E. Proulx - Reg. No. 35815

- Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

Eugene E. Proulx,
Manager, Intellectual Property,
LogicVision (Canada), Inc.
1525 Carling Avenue, Suite 404
Ottawa, Ontario, K1Z 8R9
CANADA

Telephone: (613) 722-2051 x240

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE (s)

Full name of first inventor:	SUNTER, Stephen K.
Country of Citizenship:	Canada
Residence Address:	118 Arbeatha Street, Nepean, Ontario, Canada, K2H 6J2
Post Office Address:	Same as Residence Address
Date:	Signature:

5 Aug 2003

